REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number	09/765,226
	Filing Date	January 18, 2001
	First Named Inventor	Baining LIU; Wolfgang GRIES
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Art Unit	2828
	Examiner Name	Toan NGUYEN
	Attorney Docket Number	101215-55

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such

   a. ☐ Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

      i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
      ii. ☐ Other _____

   b. ☒ Enclosed
      i. ☒ Amendment/Reply   iii. ☐ Information Disclosure Statement (IDS)
      ii. ☐ Affidavit(s)/Declaration(s)   iv. ☐ Other _____

2. **Miscellaneous**
   a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
   b. ☒ Other

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
   a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. __14-1263__

      i. ☒ RCE fee required under 37 CFR 1.17(e)
      ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)
      iii. ☐ Other _____

   b. ☐ Check in the amount of $ _____ enclosed
   c. ☐ Payment by credit card (Form PTO 2038 enclosed)

   WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print / Type)	Christa Hildebrand	Registration No. (Attorney / Agent)	35,953
Signature	Christa Hildebrand	Date	July 15, 2004

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.			
Name (Print / Type)	Olimpia Jakubowska-Wrobel		
Signature	Olimpia Jakubowska-Wrobel	Date	July 15, 2004

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003	Application or Docket Number 09/765,226

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE $385		OR	BASIC FEE $770	
X$9 =		OR	X$18 =	
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	8	Minus	** 20	
Independent	3	Minus	*** 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$9 =		OR	X$18 =	
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	9	Minus	** 20	
Independent	4	Minus	*** 3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$9 =		OR	X$18 =	
X43 =	43.00	OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE	43.00	OR	TOTAL ADDIT. FEE	

(Re Paid)

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	6	Minus	** 20	
Independent	3	Minus	*** 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$9 =		OR	X$18 =	
X43 =		OR	X86 =	
+145 =		OR	+290 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1